

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

1003

43480

Do not use this space.

1. PLACE OF DEATH

(a) County Enroute to Registration District No. 1003
(b) Township Homer Phillips Hosp Primary Registration District No. 11730
(c) City St. Louis, Mo. (d) Street No. En Route City Hospital #2 St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Louis Martin
(a) Residence, No. 3005 Easton Ave. St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josie Martin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 4 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Com. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains Missouri

13. NAME ? Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Caroline ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Charles Martin 2741 Stoddard St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ironton, Mo. DATE 12/23/37

19. FUNERAL DIRECTOR (ADDRESS) E. L. Garner 2820 Washington Ave.

20. FILED DEC 21 1937 J. T. Bredeck Local Registrar.

NO PHYSICIAN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/19/37 1937

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 7:20 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion.

Arteriosclerosis.

Other contributory causes of importance:

Name of operation g4b Date of g4b
What test confirmed diagnosis? g4b Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? g4b Date of injury g4b, 1937
Where did injury occur? g4b (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury g4b
Nature of injury g4b

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify g4b (Signed) Joseph M. Quinn Deputy Coroner

..NOISE..

STATEMENT BY LICENSED EMBALMER

I, Arthur L. Hilliard

, Licensed Embalmer No. 3389

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by
working under my personal supervision.

Registered Apprentice No.

Signed Arthur L. Hilliard

Licensed Embalmer No. 3389

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)